

Jul 29, 2011 4:47PM
Division of Corporations

No. 1
L10000094662

Florida Department of State
Division of Corporations
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(((H11000192907 3)))



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**LLC REGISTERED AGENT CHANGE
CREWS REINING HORSES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

C. LEWIS

AUG - 1 2011

EXAMINER

Jul. 29. 2011 4:48PM

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT FOR BOTH FOR LIMITED LIABILITY COMPANY

JUL 29 AM 8:04

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of the limited liability company: CREWS REINING HORSES LLC

2. (a) Principal office address of limited liability company: _____

(Note: **MUST BE STREET ADDRESS**)

16266 HIDDEN HORSE WAY
MYAKKA CITY FL 34251

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**)

16266 HIDDEN HORSE WAY
MYAKKA CITY FL 34251

09/09/2010

L10000094662

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

United States Corporation Agents, Inc.

Registered Office Address:

13302 Winding Oaks Blvd.
Suite A-100
Tampa, FL 33612

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

JAMES T. CREWS

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

16266 HIDDEN HORSE WAY
MYAKKA CITY FL 34251
FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(X) [Signature]
Signature of a member or authorized representative of a member

JAMES T. CREWS, MEMBER

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 609, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(X) [Signature]
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

FNHS18 (05/08)

Audit #(((H11000192907 3)))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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